

U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.	VAD-98-071-5114
I. NAME OF INSTALLATION	
II. INSTALLATION MAILING ADDRESS	
III. LOCATION OF INSTALLATION	

PLEASE PLACE LABEL IN THIS SPACE

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

## FOR OFFICIAL USE ONLY

COMMENTS	
RCRA SECTION EPA REGION III Aug 18 800000010	
INSTALLATION'S EPA I.D. NUMBER	APPROVED
VAD-98-071-5114	A
DATE RECEIVED (yr., mo., & day)	800818

I. NAME OF INSTALLATION  
Chemical Products Division Dan River Inc.

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX  
P O Box 261

CITY OR TOWN  
Danville

ST. VA ZIP CODE  
24541

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER  
Route 360 East

CITY OR TOWN  
Danville

ST. VA ZIP CODE  
24541

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)  
Giles Glenn Chemical Plant Mgr

PHONE NO. (area code & no.)  
804-799-4886

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER  
Dan River Inc.

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)  
F = FEDERAL  
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))  
☒ A. GENERATION \*  
☐ B. TRANSPORTATION (complete item VII)  
☐ C. TREAT/STORE/DISPOSE \*\*  
☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR  
☐ B. RAIL  
☐ C. HIGHWAY  
☐ D. WATER  
☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION  
☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY															
5	W	V	A	T	5	3	0	0	1	0	2	1	4	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	

# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23	24	25	26	27	28
7	8	9	10	11	12
23	24	25	26	27	28

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23	24	25	26	27	28
19	20	21	22	23	24
23	24	25	26	27	28
25	26	27	28	29	30
23	24	25	26	27	28

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23	24	25	26	27	28
37	38	39	40	41	42
23	24	25	26	27	28
43	44	45	46	47	48
23	24	25	26	27	28

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23	24	25	26	27	28

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

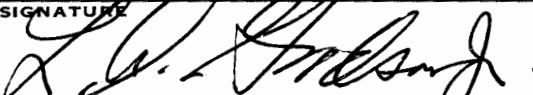
☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) L. A. Goodson, Jr. Senior Vice-President	DATE SIGNED 8-15-80
--	--	------------------------

EPA Form 8700-12 (6-80) REVERSE

\* This site qualifies for exemption under Section 261.5 as a small quantity generator. This form is filed solely for the purpose of obtaining an EPA identification number to permit early compliance in the event that conditions change.

\*\*A small plastic-lined pond is used for equalizing the flow of liquid waste which subsequently flows into a POTW. Effort is continuing to determine if the waste is "hazardous" and if the pond is either a "storage facility" or a "treatment facility" within the meaning of the regulations. AS OF 10/23/80 THE LAGOON DOES NOT CONTAIN AND WILL NOT CONTAIN HAZARDOUS WASTE.

3/2/82

CHECKLIST FOR RCRA INSPECTION OF SMALL QUANTITY  
GENERATORS OF HAZARDOUS WASTE

RO USE

Name of Facility: Chemical Products Division, Dan River, Inc.  
Address: Rte 360 E. (P.O. Box 261)  
Danville, Virginia 24541  
EPA Generator ID Number: VAT 530010217  
Facility Inspection Representative: Glenn D. Giles  
Title: Plant Manager  
Telephone Number: 804/797-4886

Inspection file  
No. \_\_\_\_\_  
Reviewer \_\_\_\_\_  
Date reviewed \_\_\_\_\_  
Form "C" (VA)

The questions contained in this checklist apply to owners and operators who may qualify as small quantity generators [less than 1000 kg per month, except acute hazardous, 40 CFR Part 261.33(e)]

1. What are the types of waste generated at the facility and the quantity of each per month (in kilograms)?

0196/150           /                  /         
247-012           /                  /         
       /                  /                  /       

2. Which wastes listed above are recycled/reclaimed and what is the quantity of each per month (in kilograms)?

0/0           /                  /         
       /                  /                  /         
       /                  /                  /       

3.03.03

3. Is the amount of hazardous waste accumulated per month greater than:

- a. 1000 kilograms/mo.?
- b. 1 kilogram/mo.? (of acute hazardous discarded or off-specification chemicals or manufacturing chemical intermediate)

Yes ☒ No ☐  
Yes ☐ No ☒

- c. 10 kilograms/mo.? [of inner liners from containers identified under 40 CFR Part 261.33(c)] Yes ☒ No
- d. 100 kilograms/mo.? (of acute hazardous debris storage) Yes ☒ No
4. If any of the answers in Question #3 are yes, then is the generator complying with Part 6.05.05 requirements? ☒ Yes ☐ No
5. Is hazardous waste delivered to an "onsite" or "offsite" facility which is: On ☒ Off
- 3.03.05(a) a. permitted under Part 122 of the RCRA regulations? ☒ Yes ☐ No
- 3.03.05(b) b. a RCRA interim status facility? ☒ Yes ☐ No
- 3.03.05(a) c. authorized by the State with a RCRA program according to Part 123 of the RCRA regulations? ☒ Yes ☐ No
- 3.03.05(c) d. licensed by the State? ☒ Yes ☐ No
- 3.04.01(a) e. a "beneficial use" or reuse/recycle facility? Yes ☒ No
- 3.04.01(b) f. a treater of hazardous waste prior to beneficial use, reuse or recycle? Yes ☒ No

6. Please list the name, address and EPA ID number (if available) for each of the facilities where waste are disposed of (refer to Question #5).

Triangle Resource Industries  
Watlington Industrial Road  
Reidsville, N.C.  
NC T 000648451

Inspector's Name: W. E. Lanford  
Title: Public Health Engineer  
Agency: Va. Dept. of Health, Division of Solid and Hazardous Waste Management  
Office Location: Madison Bldg., 109 Governor St., Richmond, Va. 23219  
Date of Inspection: March 2, 1982

Inspector's Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Office Location: \_\_\_\_\_  
Date of Inspection: \_\_\_\_\_

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Region III - 6th & Walnut Sts.

Philadelphia, Pa. 19106

SUBJECT: RCRA Inspection- Dan River Inc. *Chemical Products Div.*  
VAT530010214

DATE: MAR-19 1982

FROM: Harry J. Weber, Environmental Scientist  
RCRA Compliance and Superfund (3AW23)

TO: File

Thru: Robert L. Collings  
Chief, Water & RCRA Enforcement Section (3RC12)

BASED UPON A REVIEW OF THE RCRA INSPECTION REPORT FOR THE FACILITY  
REFERENCED ABOVE, I HAVE DETERMINED THAT NO FURTHER ACTION IS  
REQUIRED AT THIS TIME.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS  
PHILADELPHIA, PENNSYLVANIA 19106

**JUL 8 1982**

Certified Mail  
Return Receipt Requested

Mr. L. A. Goodson, Jr.  
Senior Vice-President  
Dan River Inc. - Chemical Products Division  
P.O. Box 261  
Danville, VA 24541

Re: EPA Identification Numbers  
Facility Location: Route 360 East  
Danville, VA 24541

Dear Mr. Goodson:

Shortly after the filing of a Notification of Hazardous Waste Activity form (EPA-8700-12) with the EPA for the above facility, a temporary identification number VAT 53 001 0214 was issued in order to expedite the issuance of I.D. numbers.

A permanent identification number VAD 98 071 5114 has now been assigned for your facility. Realizing that you might have a supply of Manifest forms printed with the temporary number and you may have to contact companies with which you deal, you are permitted to use the temporary number for up to six months. You may, however, start using your permanent number immediately.

It is requested that you let this office know, within 30 days of receipt of this letter, the date you intend to implement the use of the new permanent EPA Identification Number by contacting Joan Henry on 215-597-8751 or by writing to: EPA, 6th & Walnut Streets, Philadelphia, PA 19106, Attn: Shirley Bulkin (3AW32). With this information we will have an accurate record of your I.D. number and be able to avoid possible confusion.

Sincerely,

Shirley D. Bulkin  
Environmental Protection Specialist  
RCRA Permit & Pesticides Section

CC: Mr. Jim Saunders  
VA Dept. of Health

Chemical Products Div, Dan River

Hazardous Waste Quantity Notification

Business Name DAN RIVER INC. (Chemical Products Division)  
Business Address P. O. Box 261  
Danville, VA 24543  
EPA ID Number VAD980715114

Hazardous Waste Generated

0 - 100 kg/month ☐

100 - 1000 kg/month ☐

1000 kg/month or more ☒

NOTE: Generation of hazardous waste is intermittent.

Cathy H. Lann

Signature and Title

Chemical Control Scientist  
November 27, 1985



GEN  
as per Patty Jann  
Chemical Control  
Scientist at Dan River

HAZARDOUS WASTE DATA MANAGEMENT SYSTEM  
MAINTENANCE FORM FOR NOTIFICATION

EPA-ID # 12121212121212121212 Date: 2/27/90

FACILITY NAME Dan River Inc. Chemical Products

New Facility Name Nickerson Dan Chem Corporation

Contact Person/Position Delich Stephen J. (804) 797-8110  
Last, First, M) Title Tel No

MAILING ADDRESS Street P.O. Box 400  
City \_\_\_\_\_ State \_\_\_\_\_ Zip 24543

LOCATION ADDRESS Street 1975 Richmond Blvd  
City Danville State \_\_\_\_\_ Zip 24543

County Name \_\_\_\_\_ County Code \_\_\_\_\_

Owner Name Nickerson (USA) Corp. Operator Name \_\_\_\_\_

Activity Code  
--- Gen --- Tr --- Tsd  
--- 5. Market or Burn HWF  
--- A. Gen Mark to Burn  
--- B. Other Marketer  
--- C. Burner

Used Oil Fuel Activities  
--- 6. Off-Spec Used Oil Fuel  
--- A. Gen Mark to Burn  
--- B. Other Marketer  
--- C. Burner  
--- 7. Spec Used Oil Fuel Mark

Waste Fuel Burning: Type of Combustion Device  
--- Utility Boiler --- Ind. Boiler --- Ind. Furnace

Mode of Transportation (Transporters Only)  
--- Air --- Rail --- Highway --- Water --- Other

Maintenance Screens

Existing Waste Code	W1 Card	New Waste Code	F2 Card
			Non-Reg Ind ____ (c303)
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

Did not  
move  
PO assigned  
address

Dan River Inc.



January 16, 1990

P. O. Box 261  
Danville, Virginia 24543  
804/799 7000

HICKSON, DAN CHEM GEN

3 forms

Mr. Stuart Ashton  
Department of Waste Management  
11th. Floor Monroe Building  
101 North 14th. Street  
Richmond, VA 23219

Region III

Dear Mr. Ashton:

Effective January 11, 1990, the Dan River Inc. Chemical Products Division (EPA Identification Number VAD980715114) was sold to Hickson International PLC.

Please transfer or assign an EPA Identification Number for the new company. The installation location address has not changed but a street address was assigned due to annexation. Two EPA Forms 8700-12 are attached with the proper information.

If there are any questions, please contact Patty Gann at (804)799-7389.

Sincerely,

DAN RIVER INC.

Patty W. Gann

Patty W. Gann  
Chemical Control Scientist

bb

attachments

cc: Mr. Elliot Baum  
Mr. H. L. Goodrich  
Mr. S. J. Jelich



Patty w/call  
back  
1/16/90





Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

### Comments

[illegible]

D a n R i v e r I n c . C h e m i c a l P r o d u c t s

## Street or P.O. Box

Enter P.O. Box																							
C	P.	O.	B	o	x	2	6	1															
City or Town															State		ZIP Code						
C	D	a	n	v	i	l	l	e									V	A	2	4	5	4	3

**Street or Route Number**

Street or Route Number																								
5	S	t	a	t	e	R	o	u	t	e	3	6	0	E	a	s	t							
City or Town																	State		ZIP Code					
6	D	a	n	v	i	l	l	e										V	A	2	4	5	4	0

## Name and Title (last, first, and job title)

c	Name and title page, title, and job title												Name, number, title code and number																
2	J	e	l	i	c	h		S	t	e	p	h	e	n		J				8	0	4	7	9	9	4	8	8	6

**A. Name of Installation's Legal Owner**

[illegible]

### A. Hazardous Waste Activity

☒ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.

☐ 2. Transporter

☐ 3. Treater/Storer/Disposer

☐ 4. Underground Injection

☐ 5. Market or Burn Hazardous Waste Fuel  
(enter "X" and mark appropriate boxes below)

☐ a. Generator Marketing to Burner

☐ b. Other Marketer

☐ c. Burner

### B. Used Oil Fuel Activities

☐ 6. Off-Specification Used Oil Fuel  
(enter 'X' and mark appropriate boxes below)

☐ a. Generator Marketing to Burner

☐ b. Other Marketer

☐ c. Burner

☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)  
Who First Claims the Oil Meets the Specification

☐ **A. Utility Boiler**

☐ A. Utility Boiler      ☐ B. Industrial Boiler      ☐ C. Industrial Furnace

☐ A. Air☐ A. Air    ☐ B. Rail    ☐ C. Highway    ☐ D. Water    ☐ E. Other (specify) \_\_\_\_\_

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☐ A. First Notification      ☒ B. Subsequent Notification (*complete item C*)

C. Installation's EPA ID Number											
V	A	D	9	8	0	7	1	5	1	1	4

ID — For Official Use Only													
C												T/A	C
W													1

### X. Description of Hazardous Wastes (continued from front)

**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

**B. Hazardous Wastes from Specific Sources.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

**C. Commercial Chemical Product Hazardous Wastes.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

**D. Listed Infectious Wastes.** Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

**E. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable  
(D001)

☐ 2. Corrosive  
(D002)

☐ 3. Reactive  
(D003)

☐ 4. Toxic  
(D000)

### XI. Certification

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

Signature

*Patty W. Gann*

Name and Official Title (type or print)

*Patty W. GANN Chemical Control*

Date Signed

*1/16/90*



## Notification of Hazardous Waste Activity

United States Environmental Protection Agency  
Washington, DC 20460

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

## For Official Use Only

MAR 7 1990											
Comments											
Installation's EPA ID Number											
Approved											
Date Received (yr. mo. day)											
FEB 21 1990											

## I. Name of Installation

H i c k s o n D a n C h e m C o r p o r a t i o n

## II. Installation Mailing Address

Street or P.O. Box  
P. O. Box 400  
City or Town  
D a n v i l l e  
State  
V A  
ZIP Code  
2 4 5 4 3

## III. Location of Installation

Street or Route Number  
1 9 7 5 R i c h m o n d B o u l e v a r d  
City or Town  
D a n v i l l e  
State  
V A  
ZIP Code  
2 4 5 4 0

## IV. Installation Contact

Name and Title (last, first, and job title)  
J e l i c h S t e p h e n J  
Phone Number (area code and number)  
8 0 4 7 9 9 4 8 8 6

## V. Ownership

A. Name of Installation's Legal Owner  
H i c k s o n I n t e r n a t i o n a l P L C  
B. Type of Ownership (enter code)

## VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

<b>A. Hazardous Waste Activity</b> <input checked="" type="checkbox"/> 1a. Generator <input type="checkbox"/> 1b. Less than 1,000 kg/mo. <input type="checkbox"/> 2. Transporter <input type="checkbox"/> 3. Treater/Storer/Disposer <input type="checkbox"/> 4. Underground Injection <input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below) <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner	<b>B. Used Oil Fuel Activities</b> <input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below) <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner <input type="checkbox"/> 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification
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## VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler ☐ B. Industrial Boiler ☐ C. Industrial Furnace

## VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify)

## IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

<input checked="" type="checkbox"/> A. First Notification <input type="checkbox"/> B. Subsequent Notification (complete item C)	C. Installation's EPA ID Number
---	---------------------------------

ID — For Official Use Only													
C												T/A	C
W													1

### X. Description of Hazardous Wastes (continued from front)

**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1 F003	2 F005	3	4	5	6
7	8	9	10	11	12

**B. Hazardous Wastes from Specific Sources.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

**C. Commercial Chemical Product Hazardous Wastes.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

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43	44	45	46	47	48

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49	50	51	52	53	54
----	----	----	----	----	----

**E. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable  
(D001)

☐ 2. Corrosive  
(D002)

☐ 3. Reactive  
(D003)

☐ 4. Toxic  
(D000)

### XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature <i>Patty W. Gann</i>	Name and Official Title (type or print) PATTY W. GANN Chemical Control	Date Signed 1/16/90
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Please refer to the instructions for filing Notification before completing this form. The information requested here is required by the General Order of the President, Commission on Environmental Cooperation.



# Notification of Regulated Waste Activity

Date Received  
(For Official Use Only)

JUL 6 1992

1. Filing of EPA Form 8700-12 is required by the General Order of the President, Commission on Environmental Cooperation.



File Notification



File Notification

2. EPA ID Number

V A D . 9 8 0 7 1 5 1 1 4

H I C K S O N D A N C H E M C O R P O R A T I O N

1 9 7 5 R I C H M O N D B L V D .

RECEIVED

D A N V I L L E V A 2 4 5 4 0 -

P I T T S Y L V A N I A

P . O . B O X 4 0 0

D A N V I L L E V A 2 4 5 4 3 -

G A N N P A T T Y

C H E M I C A L C O N T R O 8 0 4 - 7 9 9 - 4 8 3 9

X P O B O X 4 0 0

D A N V I L L E V A 2 4 5 4 3 -

H I C K S O N D A N C H E M C O R P O R A T I O N

P O B O X 4 0 0

D A N V I L L E V A 2 4 5 4 3 -

8 0 4 - 7 9 7 - 8 1 0 0 P P X 0 1 1 1 9 0



- 2 -





**ACKNOWLEDGEMENT OF NOTIFICATION  
OF REGULATED WASTE ACTIVITY  
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+  
VAD980715114

INSTALLATION ADDRESS

HICKSON DANCHEM CORPORATION  
PO BOX 400  
DANVILLE , VA 24541  
PATTY GANN CHEM CONTRO

1975 RICHMOND BLVD  
DANVILLE , VA 24540



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

•VAT530010214

INSTALLATION ADDRESS

CHEMICAL PRODUCTS DIVISION DAN RIVER I  
PO BOX 261  
DANVILLE VA 24541  
  
ROUTE 360 EAST  
DANVILLE VA 24541